

Quality Improvement (QI) Basics for Family Physicians

Hereditary Breast Cancer QI Pilot Project
Family Medicine Education Consortium, Inc.

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Required Trainings

This is one of three required trainings for FMRPs and participating family physicians to be eligible to claim Performance Improvement/Continuing Medical Education (PICME) credits for this pilot project.

Training Dates

- 1) Hereditary Breast Cancer Education/*Bring Your Brave* CDC Resources—January 17, 2024, 6-7 PM ET
- 2) **Quality Improvement Basics—January 25, 2024, 6-7 PM ET**
- 3) Pilot Project Structure, Timeline, Key Clinical Activities, Measures, and Data Collection Requirements—February 1, 2024, 6-7 PM ET

Acknowledgements

In 2023/2024, FMEC received a subcontract from the National Association of Chronic Disease Directors (NACDD) to develop and implement this Hereditary Breast Cancer (HBC) Quality Improvement (QI) Pilot Project.

The NACDD received a grant from the CDC to advance healthcare related to hereditary cancers.

The Helping Families Communicate About Hereditary Breast or Ovarian Cancer project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$450,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Project Credits for Family Physicians

The AAFP has reviewed Family Medicine Education Consortium (FMEC) Hereditary Breast Cancer Quality Improvement Pilot Project and deemed it acceptable for up to 20.00 Performance Improvement AAFP Prescribed credits. Term of Approval is from 12/01/2023 to 07/31/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1* credit(s)[™] toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

Disclosures

None of the Project Advisory Committee members or today's presenter, Ms. Fredericks, has a financial relationship with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this activity.

Training Learning Objectives

At the end of this presentation, participants will be able to:

- ▶ Understand QI Basics
- ▶ Describe the Model for Improvement
- ▶ Assemble a Quality Improvement Team
- ▶ Write an AIM Statement
- ▶ Define Key Clinical Activities
- ▶ Conduct Plan, Do, Study, Act cycles of Practice Improvement
- ▶ Measure Change/Improvements in Practice

Today's Presenter

Kathy Fredericks, MBA, PMP, QI Consultant:

Over 25 years of leadership experience working with national and state-level medical associations and providers to develop and deliver Continuing Medical Education, performance improvement, and quality improvement activities on public health topics.

What is the Model for Improvement?

- **A method for health care practitioners to use to improve processes and patient outcomes.**
- **Use of the model requires practice so providers can be comfortable in implementing change.**
- **Mastery supports clinicians in participating in quality improvement initiatives.**
- **The model was embraced by the Institute for Healthcare Improvement in the 70s and 80s and helped launch QI learning collaboratives across the country; the model remains in wide use today by healthcare professionals.**

<https://www.ihl.org/resources/how-to-improve>

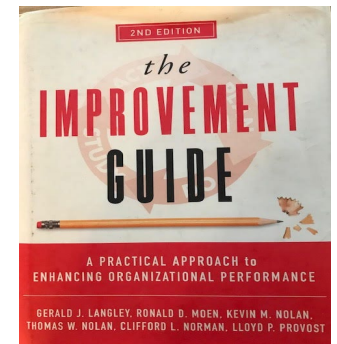
The Model for Improvement

The Model for Improvement, developed by Dr. W. Edwards Deming, Associates in Process Improvement (API), is a powerful tool for accelerating improvement.

Learn more about the fundamentals by visiting the API website: <https://www.apiweb.org/> or by reading The Improvement Guide.

Source:

Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.



W. Edwards Deming

- The **Deming cycle** is a continuous quality **improvement model** which consists of a logical sequence of four key stages: Plan, Do, Study, and Act.
- Dr. Deming emphasized the PDSA Cycle, not the PDCA Cycle, with a third step emphasis on Study (S), not Check (C).

Aims for Improvement

1. Safe
2. Effective
3. Patient and Family-Centered
4. Timely
5. Efficient
6. Equitable

Resource: *Crossing the Quality Chasm: A New Health System for the 21st Century*, Committee on Quality of Health Care in America, Institute of Medicine. Washington DC: National Academies Press; 2001

ACGME/ABMS Core Competencies

Identify the relevant ACGME/ABMS Core Competencies for Your QI project.

- ▶ Patient care
- ▶ Medical knowledge
- ▶ Practice-based learning and improvement
- ▶ Systems-based practice
- ▶ Professionalism
- ▶ Interpersonal skills communication

Form a QI Team

1. Identify a Practice Champion
2. Identify Leaders with QI Experience
3. Assemble a QI Team
4. Include Patients as Partners

Develop a QI Framework

1. Develop Team Guidelines
2. Develop Staff Members' Skills
3. Cultivate a Culture for QI
4. Keep Practice Staff Informed of Your Efforts

Effective communication is the key to success!

Coming Up with Ideas for Change

- ▶ Common complaints – patients, staff
- ▶ Compliance with city or state requirements (e.g. lead testing)
- ▶ Addressing a public health need (eg. COVID-19 immunization, HPV cancer prevention)
- ▶ Literature
- ▶ Brainstorm with team

Aim Statement Characteristics

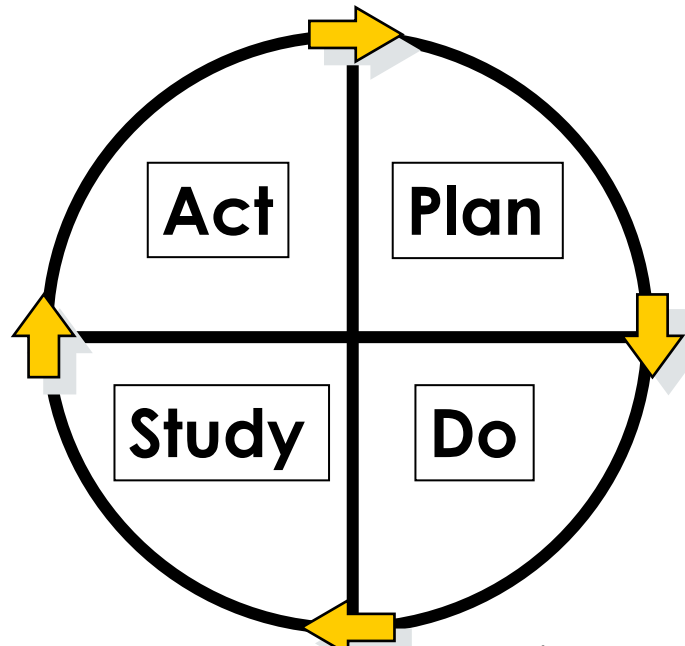
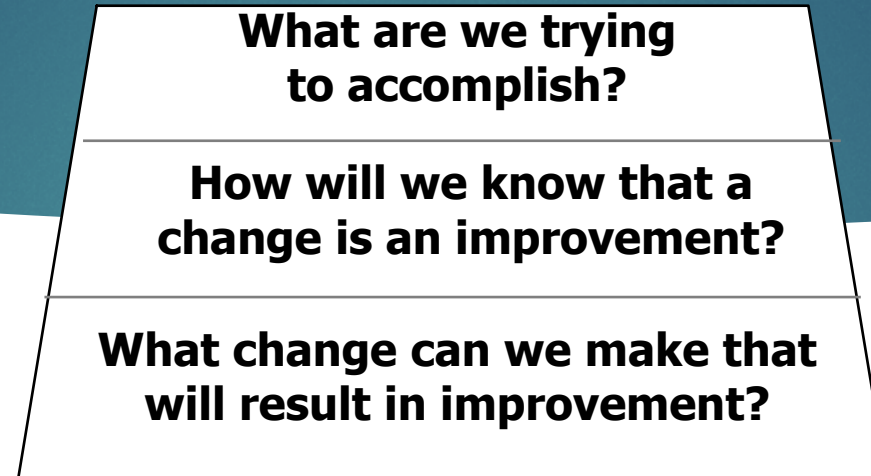
- ▶ Clear
- ▶ Numeric
- ▶ A stretch
- ▶ Focused
- ▶ Flexible

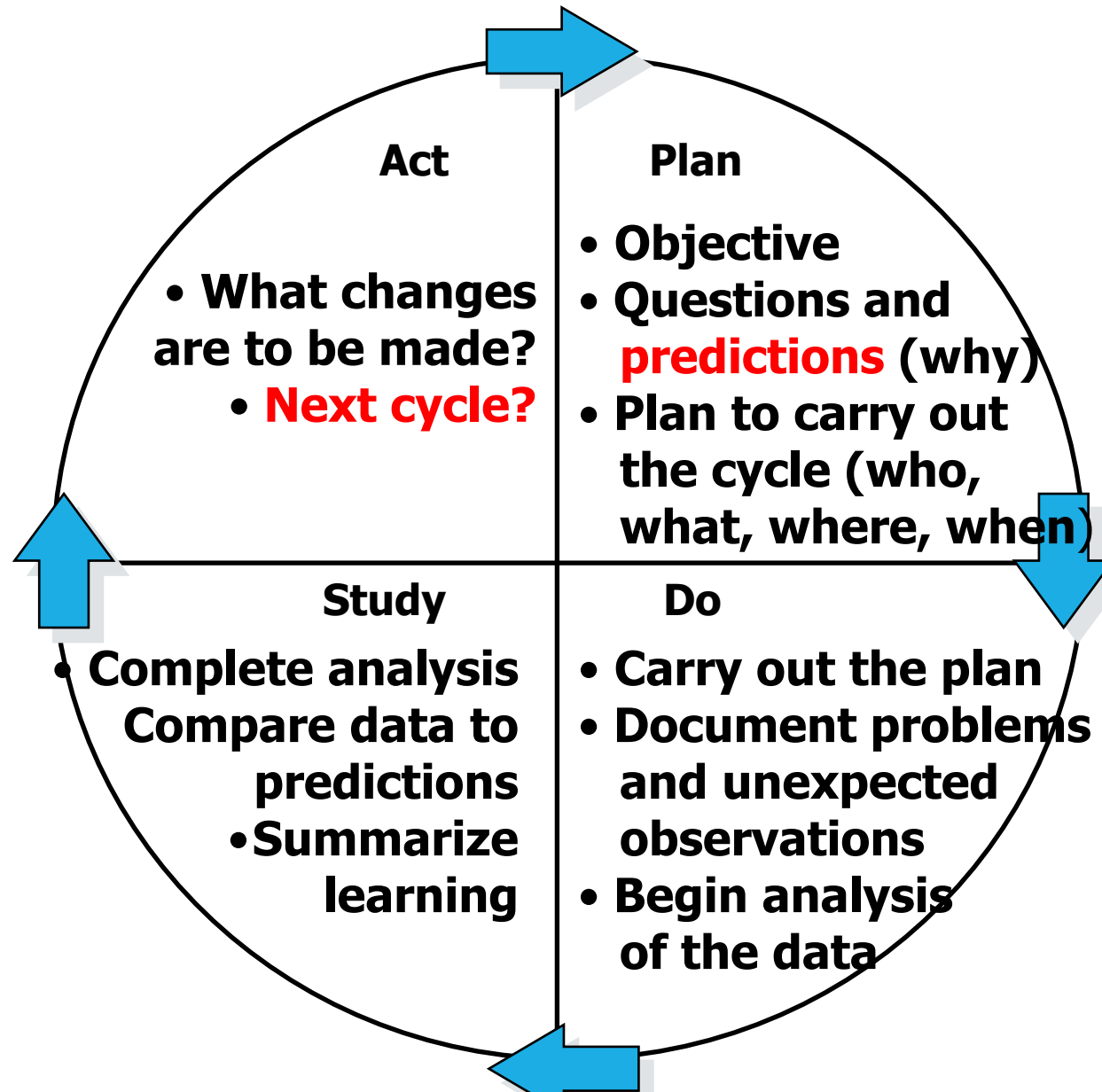
Aim Statement - Defined

- ▶ What will change?
- ▶ For whom?
- ▶ By when?
- ▶ How much?

Model for Improvement

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Using PDSA Cycles

1. Repeat attempts
2. Assess regularly
3. Communicate with participants during plan phase
4. Communicate frequently with all staff
5. Be a strong presence in your practice
6. Recognize team efforts
7. Learn from successes and failures

Measures

▶ **Outcome**

- ▶ Did my change impact my problem (aim statement) like I thought it would?
- ▶ Am I fixing the problem my program hopes to fix?

▶ **Process**

- ▶ How did I make the change?

▶ **Balancing**

- ▶ Is the change causing another problem I did not consider?
- ▶ Is the change positive or negative?

▶ **Structure**

- ▶ Something usually done once, not a monthly measure. Usually has a yes/no answer

Sample Aim Statement

Early Childhood Head Start Program

By August 2023, team will improve the literacy skills of young children in an Early Head Start Program by screening 200 children and designing interventions for 90% or more of those who need literacy development, so these children are prepared for kindergarten.

Early Head Start Example: Measures

- ▶ When did we do it?
 - ▶ January to August 2023
- ▶ What did we do?
 - ▶ Try to make sure children are pre-literacy prepared for kindergarten
- ▶ How did we do it?
 - ▶ Screened 200 children for kindergarten readiness and reading preparation
 - ▶ Referred 40 for pre-literacy support before the start of kindergarten [20%]
- ▶ Who is better off?
 - ▶ Of the 40 children, 4 families were not able to follow through with pre-literacy support (10%)

Sample Asthma Management Aim Statement

- ▶ By August 2023, XYZ family practice will create a registry (list) of patients with chronic asthma so that:
 - ▶ 90% of patients with a diagnosis of asthma are **identifiable** via ICD-10 codes within the EMR
 - ▶ 50% or more of patients in registry have a co-created **asthma action plan** within 12 months

Asthma Management Action Plan Example

▶ **Outcome**

- ▶ Positive Patient and Family Perception
 - ▶ Increased satisfaction with care received
 - ▶ Partners in care
 - ▶ Improvements in patient outcomes

▶ **Process**

- ▶ 50% of chronic asthma patients have an up-to-date care plan

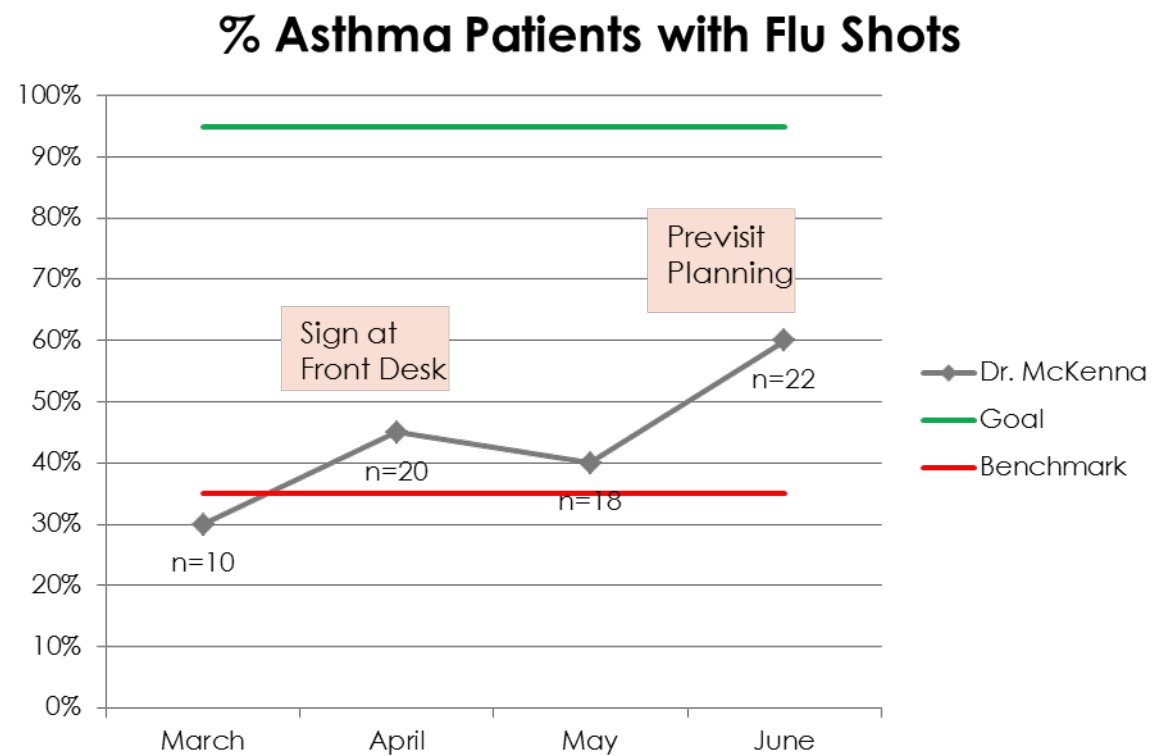
- **Balancing**

- ▶ Best times to schedule care plan development

- **Structural**

- ▶ Asthma management training for providers

Sample Run Chart (Argentina!)



Developing a Hereditary Breast Cancer (HBC) QI Pilot Project

Need for QI Effort:

Family physicians and other primary care providers are at the heart of early prevention and early detection of cancer. This is particularly true with hereditary cancers.

Family physicians are uniquely positioned to assess their patients' risk and counsel them through options to evaluate and reduce their risk.

Problem Statement (Look at the data)

- ▶ With an estimated 10% of cancer diagnoses linked to a high-risk genetic mutation ($\cong 200,000/\text{year}$ in the United States), identifying and counseling those individuals who carry the mutation can save lives.
- ▶ According to the CDC, only about 41% of primary care physicians refer women with a high risk for breast cancer for genetic counseling and testing.

Address Problem: HBC QI Pilot Project Components

FMEC will provide coaching to drive development of policies, processes, and improvements to address HBC risk assessment in practice.

The effort is organized into four areas:

- 1) Identifying and implementing a HBC risk assessment or screening questionnaire in practice
- 2) Learning about and utilizing the *Bring Your Brave* (BYB) CDC HBC educational resources for providers and patients
- 3) Referring patients who screen positive for HBC for genetic counseling or testing
- 4) In the longer term, following patients to encourage ongoing cancer prevention/early detection care

HBC QI Pilot **Project** Aim Statements

- ▶ By July of 2024, increase by 50% the number of family physicians in participating FMRPs who are screening for HBC **and** documenting findings in patient records.
- ▶ By July of 2024, offer 90% of patients who screen positive for high risk of HBC with CDC *Bring Your Brave* patient education resources **and** provide a referral for genetic counseling and/or testing.

Family Physicians' Target Goals and Measures

By the end of the QI effort, participating family physicians' target improvement goals for patients meeting the Inclusion criteria (female patients between 18 to 44 years seen during annual physicals) are as follows:

- 1) 50% of patients will have documented in the record that an HBC screening has been completed in the past 12 months.
- 2) 50% of HBC screenings are documented in the record as having been discussed with patient.
- 3) 90% of patients who screen positive for high risk for HBC have documented in the record that BYB CDC resources were offered or provided.
- 4) 90% of patients who screen positive on HBC questionnaire have documented in the record they were referred for genetic counseling or testing.

Defining Key Clinical Activities Measures

Participating FMRPs will answer the following questions for 10 unique last seen female patients at baseline (January 2024) and for 2 data collection cycles (action periods) 7 weeks apart (March and May 2024).

KCA Measures for Patients Meeting the Inclusion Criteria:

Has an HBC screening been documented in the patient record in the past 12 months? Y, N (Goal 50%)

- If HBC screening is positive, has positive result been discussed with patient? Y, N or NA if screening not completed (Goal 50%)
- If HBC screening is positive, has patient been offered/provided with BYB patient education resources? Y, N or NA if screening not completed (Goal 90%)
- If HBC screening is positive, has the patient been referred for genetic counseling or testing? Y, N or NA if screening not completed (Goal 90%)

QI Pilot Project Structure

In our third and final training February 1, 2024 from 6-7 pm ET we will discuss the HBC QI Pilot Project Structure, Timeline, Key Clinical Activities, Measures, and Data Collection Requirements.

Questions and Answers

Please unmute to ask questions!

Or write your question into the chat box.

Need More Information on QI?

- ▶ [Associates in Process Improvement](#)
- ▶ [National Initiative for Children's Healthcare Quality](#)
- ▶ [Institute for Healthcare Improvement](#)
- ▶ [Agency for Healthcare Research and Quality](#)
- ▶ [National Quality Forum](#)
- ▶ [Committee on Quality of Health Care in America, Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.](#)
- ▶ [Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* \(2nd edition\). San Francisco: Jossey-Bass Publishers; 2009.](#)

Training Evaluation

Please complete a brief training evaluation online within one week of this session. In order to receive PICME credits for this QI activity, you must view and complete an evaluation for all three trainings.

Access the online evaluation for the HBC QI Basics training here:

- ▶ - <https://www.surveymonkey.com/r/01-25-24-FMEC>

For those who missed the live presentation, please view it on demand by February 8, 2024 and complete the evaluation using the link above.

To access the recorded presentation, visit the FMEC YouTube channel and select the HBC QI Basics Training presentation.

<https://www.youtube.com/@FMECInc/videos>

Project Contact Information

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